

2014 Native Conservation Corps Application

Print or Type all answer. All questions and statements must be answered to enable Selection Office to determine applicant's eligibility and availability. *Incomplete applications may have to be rejected.*

Name (Last-First-Middle Initial)

[illegible]

Date of Birth (MM/DD/YYYY)

		/		/			
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Gender – Male or Female

Mailing Address (Street or P.O. Box)

[illegible]

City	State	Zip Code
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State Zip Code

Zip Code

[illegible]

Home Telephone Number _____

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Telephone Number In Case of Emergency _____

			-				-				
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Applicant's Statement

NCC is an Equal Opportunity Employer

I am familiar with the NCC program and interested in working in the outdoors to develop and maintain the natural resources of the United States. If selected, I will obtain a work permit if required. I have or am applying for a social security number. I am a permanent resident of the United States or its Territories or possessions. I do not have a history of serious criminal or other antisocial behavior that might jeopardize my safety or that of others. I certify that all information I have given above is true and correct to the best of my knowledge.

Date _____

(Signature of Applicant)

I am familiar with the NCC program and the applicant has my permission to participate.

(Signature of Parent or Guardian)

(Date)

Native Conservation Corps (NCC) Program

Glen Canyon National Recreation Area and Petrified Forest National Park will hire seven high school seniors (current seniors who will be graduating in 2014 and students who will be seniors in the fall of 2014) from Native American communities for the Native Conservation Corps program for the summer of 2014.

Who may apply?

To be eligible for participating in the program, you must:

Be a part of a Native American community (reservation, pueblo, or rancheria).

Be willing to live and learn at various south west national parks during the length of the program.

Be willing to share his/her culture and heritage with others.

How will selections be made?

After evaluating the applications, the selecting officials will contact the candidates for a telephone or face-to-face interview. Seven students will be selected as the Native Conservation Corps members.

What is the length of the program?

It is approximately two weeks from July 6th to July 19th, 2014. The work week will be 8 hours per day, 5 days a week.

What types of work will the students experience?

The program is designed to explore their future academic and career opportunities. As interns, the NCC members will be involved in a variety of park projects, which may include interpretation, visitor/customer services, resource management, science researches, maintenance, and administration. These projects may take place both indoors and outdoors. Native Conservation Corps 2014 will include experiences at Glen Canyon National Recreation Area, Rainbow Bridge National Monument, and Grand Staircase-Escalante National Monument.

Do participants in the program get paid?

Yes! NCC participants will be paid a stipend of \$60.00 per day and food and camp style lodging will be provided.

How do I get to/from Glen Canyon National Recreation Area?

The program will provide transportation on July 6th from the nearest large town to Glen Canyon National Recreation Area (Page, AZ) on July 19th the reverse. The program does not provide transportation for returning home on days off. If a NCC member has his/her own transportation, he/she may use it. However, there is no reimbursement for the usage.

Where and when do I submit my application?

To receive consideration, applications must be received by the program manager at Glen Canyon National Recreation Area no later than Friday May 16th, 2014.

Please submit application to:

Glen Canyon National Recreation Area

Attn: Lonnie Pilkington

PO Box 1507
Page, AZ 86040

If you have questions or concerns contact us:

Sarah Herve (928)524-6228 Extension 264 sarah_herve@nps.gov

Todd Hisaichi todd_hisaichi@nps.gov

Lonnie Pilkington (928)608-6269 lonnie_pilkington@nps.gov

Native Conservation Corps Application Questions:

1. What aspects of your community make you most proud? Why?
2. What types of academic field(s) and career(s) are you interested in? Why?
3. Why do you feel you would be a good fit for this program?

4. Are you interested in (a) different culture(s)? Which one(s) and why?

Native Conservation Corps Medical History

NOTE: The collection of this information is authorized by Public Law 93-408. The purpose of this data is to safeguard the health, safety and welfare of the enrollees of the NCC programs and may be provided to a physician in the event treatment is necessary. This information is requested on a voluntary basis; however, failure to complete this form will result in exclusion from the program.

Part I - To be completed by applicant

1. Name (Last, First, Middle Initial)		2. Address (Street, City, State, including Zip Code)	
3. Do you have health and accident insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of insurer in block 4.	4. Insured by and policy number	5. Date of birth (mm/dd/yyyy)	
6. Diseases (Enter x if you have had any of the diseases.) <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes	7. Describe treatment if disease marked in block 6.		
8. Have you had or are you having any of the following health conditions (Enter x where appropriate and describe on back)			
Allergies	Frequent infections	Other health conditions	
<input type="checkbox"/> Hay fever <input type="checkbox"/> Asthma <input type="checkbox"/> Poison ivy or oak <input type="checkbox"/> Insects stings <input type="checkbox"/> Skin condition <input type="checkbox"/> Other (Identify) _____	<input type="checkbox"/> Cold <input type="checkbox"/> Sore throat <input type="checkbox"/> Ear ache <input type="checkbox"/> Bladder or intestinal infection <input type="checkbox"/> Venereal disease <input type="checkbox"/> Other (Identify) _____	<input type="checkbox"/> Convulsions <input type="checkbox"/> Fainting <input type="checkbox"/> Sleepwalkin <input type="checkbox"/> Headache <input type="checkbox"/> Stuttering <input type="checkbox"/> Nervous condition <input type="checkbox"/> Ulcers <input type="checkbox"/> Hernia <input type="checkbox"/> Poor hearing <input type="checkbox"/> Difficulty with sense of balance <input type="checkbox"/> Poor vision <input type="checkbox"/> Problem with blood not clotting <input type="checkbox"/> Defects in legs or Feet <input type="checkbox"/> Heart condition	
		<input type="checkbox"/> Diabetic <input type="checkbox"/> Pregnancy <input type="checkbox"/> Swollen or painful joints <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest pains <input type="checkbox"/> Easy fatigue <input type="checkbox"/> Lyme disease	<input type="checkbox"/> Emotional problem <input type="checkbox"/> Back trouble or injury <input type="checkbox"/> Persistent cough <input type="checkbox"/> Rheumatism or arthritis <input type="checkbox"/> Loss of weight <input type="checkbox"/> Other (Identify) _____
9.			
a. Are you currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No - if yes, explain on back.			
b. Are you allergic to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No - if yes, explain on back.			

Signature (Read above statement before signing) _____

Date _____ (mm/dd/yyyy)

Part II - To be completed by parent or guardian of the applicant

This is to certify that I am familiar with the Native Conservation Corps Program and that I give my consent to my son/daughter/ward to participate with the program as a NCC member. I understand that I will not hold the United State Government responsible for any nonprogram accident or illness, and I authorize first aid, or emergency medical care, to be performed at the nearest, most adequate facility approved by the NCC.

1. Emergency contact (Name and Relationship)	2. Home Phone () -	3. Work Phone () -
4. Address (Street, City, State and Zip Code)		
5. Signature (Parent or Guardian)		6. Date (mm/dd/yyyy)

Identify in remarks block, any condition that would restrict full participation and describe any special care or treatment that may be required.

Basic functional requirements for outdoor work

- | | | |
|---------------------------------------|------------------------|--|
| 1. Heavy lifting, 45 pounds and over | 7. Use of fingers | 13. Repeated bending |
| 2. Heavy carrying, 45 pounds and over | 8. Both hands required | 14. Climbing, legs only |
| 3. Straight pulling | 9. Walking | 15. Climbing, use of legs and arms |
| 4. Pulling hand over hand | 10. Standing | 16. Both legs required |
| 5. Pushing | 11. Crawling | 17. Far vision correctable in one eye to 20/20 and to 20/40 in the other |
| 6. Reaching above shoulder | 12. Kneeling | 18. Hearing (aid permitted) |

Environmental factors

- | | | |
|-----------------------------------|---|---------------------------------------|
| 1. Outside | 6. Dry atmospheric conditions | 11. Working on ladders or scaffolding |
| 2. Excessive heat | 7. Excessive noise, intermittent | 12. Working with hands in water |
| 3. Excessive cold | 8. Dust | 13. Working closely with other |
| 4. Excessive humidity | 9. Slippery or uneven walking surfaces | 14. Working alone |
| 5. Excessive dampness or chilling | 10. Working around moving objects or vehicles | |

REMARKS *(Enter information regarding any prescribed medication, reactions to penicillin or any drugs and/or any other health problems of which we should be made aware.)*

**PRIVACY ACT STATEMENT
FOR
THE NCC MEDICAL HISTORY (FS-1800-3) 10/94**

The following information is provided to comply with the Privacy Act of 1974 (PL-579). 5 U.S.c. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. Collecting this information is necessary to assist the agency in safeguarding the health, safety, and welfare of the enrollees of the NCC programs and may be provided to a physician in the event treatment is necessary. This information is requested on a voluntary basis, failure to complete this form will result in exclusion from the program.

According to the Paperwork Reduction Act of 1995, no agency may conduct or sponsor, and no person is required to respond to , a collection of information unless it displays a valid OMB approval number. The OMB approval number for this collection is 0596-0084. Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

7. Reviewing officer's signature

8. Date

(mm/dd/yyyy)